24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	THEFORT OF INDEP	LINDLINI LAFLINDI	TONES			GE 1 OF 1 R SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) NEW DEPUTE COAL DAG						ΓIFICATION NUMBER ▼	
NEW REPUBLICAN PAC						544544	
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee MATSON MEDIA LLC					Date of Public Distribution/Dissemination		
Mailing Address 1201 HAMPTON STREET					10		
	SUITE 3B						
City	•			Zip Code 29201 Transact		360000.00	
COLUMBIA	COLUMBIA SC				saction ID:	SE.1 nent or Obligation	
Purpose of MEDIA PLA			Category/ Type		10	18 / 2018	
Name of Fe	ederal Candidate		Support	Office Sou	aht: X F	louse District: 45	
PORTER, P	(ATHERINE, , ,		X Oppose	Presi	, <u> </u>	enate State: CA	
	lar Year-To-Date ection for Office Sought		369507.60	Disburseme 2018	ent For: Other (specify	Primary X General	
Full Name				Date	of Public Di	stribution/Dissemination	
E3 POS					M M / I	19 2018	
Mailing Add	lress 815 SLATERS LANE			Amo	ount		
City		State	Zip Code			9507.60	
ALEXANDI		VA	22314		saction ID : Se of Disburser	E.2 ment or Obligation	
	Expenditure ODUCTION		Category/ Type		10 /	19 2018	
Name of Fe	ederal Candidate		Support	Office Sou	ght: 🗶 H	louse District: 45	
PORTER, I	KATHERINE, , ,		X Oppose	Presi		Senate State: CA	
	dar Year-To-Date ection for Office Sought		369507.60	Disburseme 2018	ent For: Other (specif	Primary x General y) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures						369507.60	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Signature	DOZIER, JULIE, , ,	[Electron	ically Filed] Date	10	19	2018	
Signature							